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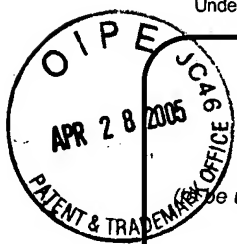
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(To be used for all correspondence after initial filing)

Application Number	10/804,578
Filing Date	March 19, 2004
First Named Inventor	Gonzalez et al.
Group Art Unit	2811
Examiner Name	S. Loke
Attorney Docket Number	2269-7014.4US (95-1142.04/US)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Postcard receipt acknowledgment (attached to the front of this transmittal) <input checked="" type="checkbox"/> Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16 <input type="checkbox"/> Preliminary Amendment <input checked="" type="checkbox"/> Response to Election of Species Requirement and Amendment Under 37 C.F.R. § 1.111 dated April 5, 2005 <input type="checkbox"/> Amendment in response to office action dated <input type="checkbox"/> Amendment under 37 C.F.R. § 1.116 in response to final office action dated <input type="checkbox"/> Additional claims fee - Check No. in the amount of \$ <input type="checkbox"/> Letter to Chief Draftsman and copy of FIGS. with changes made in red <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Formal Drawings (sheets)	<input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A (08-00); <input type="checkbox"/> copy of cited references <input type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references and Check No. in the amount of \$180.00 <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> Petition for Extension of Time and Check No. in the amount of \$ <input type="checkbox"/> Petition <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Power of Attorney (37 C.F.R. 1.34(a)), Revocation of Prior Power of Attorney (37 C.F.R. 1.36) and Request to Change Correspondence Address (37 C.F.R. 1.33(d)) with Statement Pursuant to 37 C.F.R. 3.73
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Joseph A. Walkowski	Registration No. 28,765
Signature		
Date	April 26, 2005	

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